



**Texas Department of Agriculture**  
**Handling and Marketing of Perishable Commodities**  
**Schedule B**

**RPC-402**

TODD STAPLES, COMMISSIONER

<b><sup>1</sup> VERIFICATION INFORMATION</b>		
<b>SECTION A</b>	Full Legal Business Name	D.B.A. (if applicable)
	Facility Name	Comptroller ID (in-state)
	Social Security No. (for sole proprietors only)	Federal Taxpayer ID (out-of-state)

<b><sup>1</sup> AGENT NAMES</b>				
<b>SECTION B</b>	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> ____	First Name	M. I.	Last Name
	Address			
	City	State	Zip	<input type="checkbox"/> Transporting Agent Card \$10 <input type="checkbox"/> Buying Agent Card \$10
	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> ____	First Name	M. I.	Last Name
	Address			
	City	State	Zip	<input type="checkbox"/> Transporting Agent Card \$10 <input type="checkbox"/> Buying Agent Card \$10
	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> ____	First Name	M. I.	Last Name
	Address			
	City	State	Zip	<input type="checkbox"/> Transporting Agent Card \$10 <input type="checkbox"/> Buying Agent Card \$10
	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> ____	First Name	M. I.	Last Name
	Address			
	City	State	Zip	<input type="checkbox"/> Transporting Agent Card \$10 <input type="checkbox"/> Buying Agent Card \$10

Initial Here \_\_\_\_\_  
HMPC  
Regulatory Division

Make Additional Copies as Needed

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Revised 9/01/03